

functioning. **METHODS:** A Markov model was developed to estimate the cost-effectiveness of sertindole compared with risperidone, olanzapine and aripiprazole in the management of schizophrenia in Hungary over a two-year period. Patients entered the model upon experiencing intolerance to their antipsychotic treatment during an episode of acute psychopathology. Confounding factors included drug-induced adverse events (extrapyramidal symptoms, weight gain, sedation, sexual dysfunction, diabetes), compliance, relapse and treatment setting. Effectiveness was defined as the length of time without relapse over the two-year evaluation period, and by Quality Adjusted Life Years (QALYs). Parameter estimates were based upon published literature and comparative clinical trial data. Resource use data were obtained from the Psychiatry Department, Semmelweis University (Budapest), and costs were evaluated from the Hungarian National Insurance perspective. **RESULTS:** The time without relapse (over 2 years) for patients receiving sertindole was equivalent to those with risperidone, olanzapine and aripiprazole (0.768, 0.768, 0.764 and 0.766, respectively). The average cost per patient for two years after starting treatment with sertindole equalled that of the other atypical antipsychotics. The costs per year without relapse were similar for sertindole treated patients compared with the atypical risperidone, olanzapine and aripiprazole treated patients (€15,435, 15,096, 15,925 and 15,712, respectively). Sensitivity analyses confirmed robustness of the model. **CONCLUSIONS:** With equivalent clinical benefits, a good tolerability profile and similar costs, sertindole is an additional valuable treatment alternative to other atypical antipsychotics available in Hungary.

## PMH15

#### **COST-EFFECTIVENESS OF AMISULPRIDE COMPARED TO RISPERIDONE AND OLANZAPINE IN THE TREATMENT OF SCHIZOPHRENIA IN POLAND**

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**OBJECTIVES:** The aim of the study was to assess costs and effectiveness of amisulpride and other atypical antipsychotic drugs for the treatment of patients with schizophrenia in Poland. **METHODS:** The cost-effectiveness analysis from the payer perspective was conducted. Clinical data was derived from published clinical trials. Clinical improvement according to the Brief Psychiatric Rating Scale (BPRS) was adopted as a measure of effectiveness. Only direct medical costs were included and were expressed in Polish zloty (PLN), 1 EUR = 3.95 PLN, exchange rate; 1 EUR = 1.98 PLN, purchasing power parities). The study horizon amounted to 8 weeks (the short-term model) and to 6 months of treatment (the long-term model). In the analysis there were three strategies of treatment compared: amisulpride, risperidone and olanzapine. The comparison was done pairwise: amisulpride vs olanzapine and amisulpride vs risperidone. **RESULTS:** Both in the short-term and in the long-term model, the amisulpride proved to be a dominant strategy—having lower average cost and higher average effect—against risperidone as well as against olanzapine. Comparing amisulpride and risperidone—in the short-term model the cost-effectiveness ratios (average cost per one unit of BPRS improvement) amounted to 55.3 PLN and 83.1 PLN for amisulpride and risperidone, respectively. In the long-term model the numbers were 135.7 PLN and 179.3 PLN, respectively. Conducting the amisulpride vs olanzapine comparison—in the short-term model the cost-effectiveness ratios amounted to 34 PLN for amisulpride and 43.5 PLN for olanzapine, and in the long-term model to:

105 PLN and 125 PLN, respectively. As amisulpride was a dominant strategy in all comparisons, acceptability curves were calculated instead of incremental cost-effectiveness ratios. **CONCLUSIONS:** The pharmacoeconomic evaluation in the short-term model as well as in the long-term model shows that amisulpride is a dominant strategy in the treatment of schizophrenia in Poland.

## PMH16

#### **COST EFFECTIVENESS MODEL COMPARING FAST DISSOLVING OLANZAPINE AND CONVENTIONAL OLANZAPINE TABLETS IN THE TREATMENT OF SCHIZOPHRENIA**

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**OBJECTIVES:** Olanzapine in fast dissolving orodispersible formulation (OOT) was shown to be associated with greater patient acceptance and improved medication adherence compared to olanzapine in conventional tablet form (OCT) in acute treatment settings. This study assessed, from a payer perspective, the cost and effectiveness of OOT compared to OCT over a 1-year period in the treatment of schizophrenia patients in Turkey. **METHODS:** Survival Curve Model was used to assess the dynamic effects of relapses and hospitalizations on direct cost of treatment by considering medication efficacy and patients' adherence to the medication. Rates of relapse and rates of treatment discontinuation—due to poor efficacy, medication intolerance, or patient preference/nonadherence—were based on published medical literature, unpublished data, and a clinical expert panel. The model assumed that treatment discontinuation is lower with OOT compared with OCT in stabilized schizophrenia patients. Model assumptions were validated by an independent expert panel. **RESULTS:** Based on model projections, the number of patients who would discontinue their current medication during one year of treatment would be 28 for OOT and 40 for OCT group. The number of predicted relapses was 15 for OOT and 18 for the OCT groups. Results indicate a 12% increase in the number of patients who would continue their therapy and 3% decrease in the number of relapses for the OOT group. The projected annual total direct cost for a cohort of 100 patients was 355.629,46 YTL for OOT treatment and 412.845,36 YTL for OCT treatment. If all patients were assumed to be treated with OOT treatment instead of OCT, 16% would be treated, without any additional cost to the payers in Turkey. **CONCLUSIONS:** The use of olanzapine in fast dissolving orodispersible formulation is predicted in this model to be more cost effective than olanzapine in conventional table form.

## PMH17

#### **COST-EFFECTIVENESS OF LONG ACTING METHYLPHENIDATE-OROS IN ADHD YOUTHS WITH SUBOPTIMAL SYMPTOM CONTROL ON IMMEDIATE-RELEASE METHYLPHENIDATE IN THE NETHERLANDS**

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**OBJECTIVES:** To estimate the cost-effectiveness of treatment with long acting methylphenidate-OROS for youths with attention-deficit hyperactivity disorder (ADHD) for whom treatment with immediate-release (IR) methylphenidate is suboptimal. **METHODS:** We developed a Markov model to obtain an incre-